



# EVIDENCE OF DUE PROCESS REVIEW FOR LIMITATION OF RIGHTS

Revised April 19, 2021

Due Process Committee Organization Represented or Name of Committee

Due Process Facilitator Name

## **DEMOGRAPHIC**

Consumer Last Name

First Name

DMH ID

Guardian Name

Waiver:

*This should not be provided to the committee members who are doing the review. It is only provided back to the SC and Provider who support the individual, and the Regional Office*

Person Referring

Date of Referral

DMH Region

Provider Name *(Provider who is supporting the person)*

Provider Name *(Provider who is supporting the person)*

## **Referral Information**

Annual ISP Date

Date ISP Amended for Limitation

Support Coordinator Name

TCM Agency Name

Reason for Referral

Description of rights which are limited that will be reviewed by the committee

## **Initial Action to be taken:**

Reviewed by Due Process Committee

Reported to Abuse & Neglect

Referred to Behavior Support Review Committee

No Action Necessary

**DUE PROCESS COMMITTEE REVIEW**

Date rights limitations were reviewed by DPC

DPC Chair Signature

**Types of Rights Limitations noted in review (check all that apply)**

Access to the community

Access to media

Access to personal possessions

Access to Sharps

Communication limitations

Food Limitation

Level of Supervision

Limitation of Privacy

Money limitation

Use of medication

Tobacco limitation

Relationship limitation

Environmental limitation

Transportation limitation

Restriction of Movement

Limitation due to roommate

Other:

**Committee Members Present Name and Role**

Name	Role

**Others present:**

**Due Process Components Reviewed. Each component must have documentation.**

Refer to "[Due Process Guide](#)" for assistance in evaluation component.

Issue Identified

Purpose and Rationale

Conditions of restriction have been documented

Teaching strategies or supports in place

Documentation for who is responsible for training

Monitoring method identified

Is there a criterion for restoration

Is it documented how often the restriction will be reviewed by the IP team and Due Process Committee

Has the person/parent guardian been informed of the referral and the right to attend Due Process Review

Are there recommendations from Behavior Support Professional

After the committee's review, is it determined that rights protections are in place and all components of due process have been documented

\*If no was selected above, is DPC Component Follow-up needed:

DPC Recommendations to address any items with "no"

DPC Chair Signature

Date

Persons to be notified

Date requested information  
is due back for DPC Review

Date of next Review

**Notification to individual or guardian: If there are concerns related to this review of Due Process they may contact the Department of Mental Health, Office of Constituent Services at 800-364-9687/573-751-4122 or email [constituentsvcs@dmh.mo.gov](mailto:constituentsvcs@dmh.mo.gov)**